JOINT BOARD OF LICENSURE AND CERTIFICATION

STATE OF NEW HAMPSHIRE

LOUISE LAVERTU EXECUTIVE DIRECTOR

Telephone 603-271-2219 Fax 271-7928 • 271-6990 57 Regional Drive Concord, N.H. 03301-8518 PROFESSIONAL ENGINEERS
ARCHITECTS
LAND SURVEYORS
FORESTERS
PROFESSIONAL GEOLOGISTS
NATURAL SCIENTISTS
LANDSCAPE ARCHITECTS



PROFESSIONAL ENGINEER RENEWAL NOTICE "FAILURE TO RENEW"

Our records indicate that your birthmonth is **August**; therefore, your renewal & fee is now past due.

The renewal fee is \$150.00 for the ensuing two years plus a late fee of \$30.00 for each month or fraction of a month the renewal is late in addition to the renewal fee. Please make check for \$180.00 payable to: Treasurer, State of NH and submit with this form completed below by September 30, 2008. You should refrain from practicing engineering in this state until your license is renewed. Individuals practicing without a current license may become subject to disciplinary action. Sealing and Stamping with a lapsed license is a Class B misdemeanor.

Amou	nt enclosed \$	You may renew	v on-line at https://nhlicenses2.nh.gov/professional/
<u>NAMI</u>	E		PE#
<u>HOM</u>	E ADDRESS		
			HOME PHONE
BUSI	NESS NAME & A	DDRESS	
-			WORK PHONE
		(Please C	Circle Mailing Address)
EMA]	IL ADDRESS——		
	\$180.00 -Yes, I do	wish to renew	☐ No, I do not wish to renew.
	\$30.00 - Retired S	tatus: I am no longer	er receiving remuneration for professional engineering services.
	If age 70 or older - The fee is waived if: <u>70 years</u> of age or older at time of renewal, and has held an engineering license <u>continuously in NH</u> for the 10 years immediately preceding the renewal.		
	First Time Renewal – No PDH's due. <i>Do not submit PDH log</i> .		
	I wish to be info	rmed of all propose	ed Administrative Rule changes. I understand I will be

assessed a nominal fee for copying and postage.

Page 2 PE Renewal Form

CHECK ONE:	YES	NO
1. Have there been any legal judgments decided against you or your firmregarding your professional engineering activities?		
2. Have you had any disciplinary action brought against you for your services as a Professional Engineer?		
If yes, include complete details and submit on additiona	l sheet.	
RULES OF PROFESSIONAL CONDUCT:		
I certify to the best of my understanding, knowledge and belief that I and agree to abide by the ethical and professional standards of New Ha		

CONTINUING PROFESSIONAL DEVELOPMENT:

Administrative Rules Eng 500; and

I attest that the information contained in this form and the attached continuing professional development activity log is true and correct to the best of my knowledge and belief and complies with the minimum of 30 professional development hours of approved professional development hours required by Eng 403.01 (b). I further acknowledge that the provision of false information in the application is a basis for disciplinary action by the board:

SIGN HERE		
	Signature	

PDH ACTIVITY LOG INSTRUCTIONS

You must complete the attached continuing professional development activity log and **submit it to the Board** with your completed renewal form. The Board requires no other documentation at this time. The Board will conduct random audits to ensure compliance with continuing professional development requirements. If you are selected for an audit, you will be required to provide documentation of all activities claimed for continuing professional development credit.

It is important that a sufficient title/description be provided to identify the activity. You must provide the name of the sponsoring organization, the location, date, PDH's claimed for the activity and cumulative PDH's for the renewal period. **Incomplete activity logs will result in return of your renewal and delay in processing of the renewal of your license.**

Find us on the world wide web at www.state.nh.us/jtboard/home.htm Renew on-line at https://nhlicenses2.nh.gov/professional/

N H BOARD OF PROFESSIONAL ENGINEERS CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITY LOG*

FOR THE PERIOD			NAME:			
From: 9/1/06 To:8/31/08		To:8/31/08	PE LICENSE NO:			
	Date(s)	N	ature of Activity and Sponsoring Organization	PDH's for this Activity		
	Date Range	Lo	ocation and Speaker/Instructor (As Applicable)	Cumulative PDH's for		

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Transaction Type:	Amou	nt Due:
Card Type: (please circle one) Visa	Mastercard	(required)
Card Number:	(re	equired)
Expiration Date: Month: Y	Year:	(required)
Billing Name and Address (your billing a card you are using.)	address must mat	tch the address associated with the credi
Name on Card:		
Billing Address:		
City:		
State/Province:	_	
Zip/Postal Code:		
Country:		
Authorization Signature:		